

KING GEORGE COUNTY
DEPARTMENT OF FIRE, RESCUE
& EMERGENCY SERVICES

ADMINISTRATION
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KING GEORGE, VA 22485

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Request for Information

SECTION 1 (Must be completed for all requests)

Name: _____ Today's Date: _____

Address: _____

Phone Number: _____ E-Mail Address: _____

Information requested: Fire Report Medical Report Other

Location of incident: _____

Nature of incident: _____ Date of incident (MM/DD/YY): _____

Reason for request: _____

SECTION 2 (Must be completed for medical report requests)

Relationship to Patient: _____

Name of Patient: _____ Date of Birth: _____

Is Patient Deceased: Yes No Unknown Date of Death: _____

Do you have one or more of the following medical release authorizations?

__Power of Attorney; __Living Will; __Release from person when living;

__Certification by Circuit Court as sole heir/executor

If not related to the patient, indicate agency or organization affiliation giving you
authority or cause to obtain records: _____

Signature*: _____ Time submitted: _____

*All medical documentation must be picked up in person by the requesting individual, and picture identification must be presented at that time unless other previously approved arrangements have been made.